

## Instructions for Completing the Initial Licensure Application

These instructions are provided to assist you in completing an initial application for licensure. The intent is to provide guidance and clarification regarding all information needed by the Division to complete the application process.

Before beginning be certain that the application you are using is the most recent and appropriate application. The application may be found at <http://facility-services.state.nc.us/>. Once in the home page of the Division of Facility Services, click on 'Forms and Applications', then scroll down to the 'Mental Health Licensure and Certification Sections', here you will be able to view and download our applications and instructions. The Licensure Section does not provide funding or placement of clients.

Failure to provide all requested information would result in delaying the processing of the application. If the information requested does not pertain to your facility, mark N/A in the area. It can take up to eight weeks to complete the licensure process.

### Facility Information

1. **Facility Name:** Name on this line will be the name of your facility and will be printed on your license.
2. **Facility Site Address:** This address is the physical location of your facility.  
**Facility Correspondence Mailing Address:** This address will be where you will receive all mail for the facility. It may be the same as the facility site address, or it may be the address of your management agency, corporation, individual, owner, etc.
3. **Name of Facility Director:** This will be the person who is responsible for managing the facility.
4. **Name of Contact Person:** This may be you or the person responsible for managing the facility. This person can answer daily process and licensure questions about the facility.
5. **Ownership of Licensee:** This is the name that will be printed on the license as licensee/owner.
  - (a) SSN or Federal Tax ID# - voluntary
  - (b) & (c) type of entity that owns the business and is as legally registered.
  - (d) If a type of corporation or type of partnership supply information for CEO or General Partner.
  - (e) If you lease the building, complete the data on the person from whom you lease/rent.
  - (f) If this is a proprietorship (private) business with no shareholders or a non- profit entity, fill in the box and skip to (g).
  - (g) If the ownership has investors or shareholders in the business, fill in the information requested. If ownership is a corporation/company having only 1 person who is sole owner, please fill in as percentage interest is 100%.
6. **Extensions in Ownership:** This is Affiliates which control directly or indirectly the owner of this facility.
7. **Management Company:** Is facility under direction from another entity other than licensee?
8. **Area Authority:** If you have a contract with one or more area authorities please list in this section.
9. **Certificate of Need:** Complete only if you have a CON.
10. **Service Category:** Choose the category that describes the services your facility will provide. Check whether you will be serving children or adults and the number of beds for which you plan to be licensed.
11. **Number of Clients:** Note the number of clients you will serve and the disability category or categories that you will serve.
12. **Number of Others Living in the Facility:** Include the number and ages of anyone that lives in the facility that is not a client.